

**GEORGIA TECH
INJURY AND ILLNESS REPORT FORM**

No Medical Attention
 Medical Attention Required

EMPLOYEE NAME: _____

DATE OF INJURY: _____

TIME INJURY OCCURRED: _____ am/pm

DEPARTMENT: _____

Job Title: _____

Home Address: _____

Contact Phone #: _____

City: _____

State: _____

Zipcode: _____

Birthdate: _____

Hire Date: _____

Employee's Start Time: _____ am/pm

Injured Body Part(s): _____

Location/Building where injury/illness occurred? _____

Description of injury/illness: _____

Describe how injury/illness occurred: _____

Witnesses/Other(s): _____

Supervisor: _____

Supervisor Contact #: _____

Does Employee Need Medical Treatment? **YES** **NO**

I agree with the information above.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

For Medical Use Only

Injury/Illness: _____

Date Treated: _____

Treatment and Comments: _____

Work Instructions: No Restrictions Needed

Restrictions Required

Lost Time Days

Employee treated in an Emergency Room? **YES** **NO**

Employee hospitalized ? **YES** **NO**

Name of Medical Clinic/Hospital: _____

Phone: _____

Physician's Name (print) _____

Physician's Signature _____

Address: _____

City/State/Zip: _____

If Medical Attention was given supervisors must notify: DOAS 24 Hour Injury Report Line - 877-656-7475